F3. Past Roles (7-day look back)

Intent: To document the resident's recognition or acceptance of feelings regarding previous roles or status now that he or she is living in a nursing facility.

Definition:

a. Strong Identification with Past Roles and Life Status - This may be indicated, for example, when the resident enjoys telling stories about his or her past, or takes pride in past accomplishments or family life, or continues to be connected with prior lifestyle (e.g., celebrating family events, carrying on life-long traditions).

b. Expresses Sadness/Anger/Empty Feeling Over Lost Roles/Status - Resident expresses feelings such as "I'm not the man I used to be" or "I wish I had been a better mother to my children" or "It's no use, I'm not capable of doing things I like to do anymore." Resident cries when reminiscing about past failures, accomplishments, memories.

c. Resident Perceives that Daily Routine (Customary Routine, Activities) is Very Different from Prior Pattern in the Community - In general, the resident's pattern of routines is perceived by the resident not to be comparable with his or her previous lifestyle.

Examples

In the nursing facility, a resident takes a shower 2 mornings a week vs. taking a daily tub bath before going to bed as she did at home.

A resident now retires at 7 pm whereas at home he stayed up to watch the 11 pm news.

In the community Mrs. L enjoyed multiple daily telephone conversations with her 5 daughters. In the nursing facility there is only one public telephone that seems to be in constant use by residents and staff. Mrs. L now speaks with each daughter only once a week.

The above examples could be coded in Item F3c.

Process: Initiate a conversation with the resident about life prior to nursing facility admission. It is often helpful to use environmental cues to prompt discussions (e.g., family photos, grandchildren's letters or art work). This information may emerge from discussions around other MDS topics (e.g., Customary Routine, Activity Pursuits, ADLs). Direct care staff and family visitors may also have useful insights.

Coding: Check item if it applies over the last seven days. If none apply, check *NONE OF ABOVE*.

SECTION G. PHYSICAL FUNCTIONING AND STRUCTURAL PROBLEMS

(7-day look back)

Most nursing facility residents are at risk of physical decline. Most long-term and many short-term residents also have multiple chronic illnesses and are subject to a variety of other factors that can severely impact self-sufficiency. For example, cognitive deficits can limit ability or willingness to initiate or participate in self-care or constrict understanding of the tasks required to complete ADLs. A wide range of physical and neurological illnesses can adversely affect physical factors important to self-care such as stamina, muscle tone, balance, and bone strength. Side effects of medications and other treatments can also contribute to needless loss of self-sufficiency.

Due to these many, possibly adverse influences, a resident's potential for maximum functionality is often greatly underestimated by family, staff, and the resident himself or herself. Thus, all residents are candidates for nursing-based rehabilitative care that focuses on maintaining and expanding self-involvement in ADLs. Individualized plans of care can be successfully developed only when the resident's self-performance has been accurately assessed and the amount and type of support being provided to the resident by others has been evaluated. See Section 1.13 on the use of an interdisciplinary team to provide the most accurate assessment of each resident.

G1. (A) Activities of Daily Living (ADL) Self-Performance (7-day look back)

Intent: To record the resident's self-care performance in activities of daily living (i.e., what the resident actually did for himself or herself and/or how much verbal or physical help was required by staff members) during the **last seven days**.

Definition: **ADL SELF-PERFORMANCE** - Measures what the resident **actually did** (not what he or she might be capable of doing) within each ADL category over the last seven days according to a performance-based scale.

a. Bed Mobility - How the resident moves to and from a lying position, turns side to side, and positions body while in bed, in a recliner, or other type of furniture the resident sleeps in, rather than a bed.

b. Transfer - How the resident moves between surfaces - i.e., to/from bed, chair, wheelchair, standing position. Exclude from this definition movement to/from bath or toilet, which is covered under Toilet Use and Bathing.

c. Walk in Room - How resident walks between locations in his/her room.

d. Walk in Corridor - How resident walks in corridor on unit.

e. Locomotion On Unit - How the resident moves between locations in his or her room and adjacent corridor on the same floor. If the resident is in a wheelchair, locomotion is defined as self-sufficiency once in the chair.

f. Locomotion Off Unit - How the resident moves to and returns from off unit locations (e.g., areas set aside for dining, activities, or treatments). If the facility has only one floor, locomotion off the unit is defined as how the resident moves to and from distant areas on the floor. If in a wheelchair, locomotion is defined as self-sufficiency once in chair.

g. Dressing - How the resident puts on, fastens, and takes off all items of clothing, including donning/removing a prosthesis. Dressing includes putting on and changing pajamas, and housedresses.

h. Eating - How the resident eats and drinks, regardless of skill. Includes intake of nourishment by other means (e.g., tube feeding, total parenteral nutrition).

Even a resident who receives tube feedings and no food or fluids by mouth is engaged in eating (receiving nourishment), and is not to be coded as an "8". The resident must be evaluated under the Eating ADL category for his/her level of assistance in the process. A resident who is highly involved in giving himself/herself a tube feeding is not totally dependent and should not be coded as a "4".

i. Toilet Use - How the resident uses the toilet room, commode, bedpan, or urinal, transfers on/off toilet, cleanses, changes pad, manages ostomy or catheter, and adjusts clothes. Do not limit assessment to bathroom use only. Elimination occurs in many settings and includes transferring on/off the toilet, cleansing, changing pads, managing an ostomy or catheter, and clothing adjustment.

j. Personal Hygiene - How the resident maintains personal hygiene, including combing hair, brushing teeth, showering, applying makeup, and washing/drying face, hands, and perineum. Exclude from this definition personal hygiene in baths and showers, which is covered under Bathing.

Process: In order to be able to promote the highest level of functioning among residents, clinical staff must first identify what the resident actually does for himself or herself, noting when assistance is received and clarifying the types of assistance provided (verbal cueing, physical support, etc.)

A resident's ADL self-performance may vary from day to day, shift to shift, or within shifts. There are many possible reasons for these variations, including mood, medical condition, relationship issues (e.g., willing to perform for a nurse assistant he or she likes), and medications. The responsibility of the person completing the assessment, therefore, is to capture the total picture of the

resident's ADL self-performance over the seven-day period, 24 hours a day - i.e., not only how the evaluating clinician sees the resident, but how the resident performs on other shifts as well.

In order to accomplish this, it is necessary to gather information from multiple sources - i.e., interviews/discussion with the resident and direct care staff on all three shifts, including weekends and review of documentation used to communicate with staff across shifts. Ask questions pertaining to all aspects of the ADL activity definitions. For example, when discussing Bed Mobility with a nurse assistant, be sure to inquire specifically how the resident moves to and from a lying position, how the resident turns from side to side, and how the resident positions himself or herself while in bed. A resident can be independent in one aspect of Bed Mobility, yet require extensive assistance in another aspect. Since accurate coding is important as a basis for making decisions on the type and amount of care to be provided, be sure to consider each activity definition fully.

The wording used in each ADL performance coding option is intended to reflect real-world situations where slight variations in performance are common. Where small variations occur, the coding ensures that the resident is not assigned to an excessively independent or dependent category. For example, by definition, codes 0, 1, 2, and 3 (Independent, Supervision, Limited Assistance, and Extensive Assistance) permit one or two exceptions or instances for the provision of heavier care within the assessment period. For example, in scoring a resident as independent in ADL Self-Performance, there can be one or two exceptions. As soon as there are three exceptions, another code must be considered. While it is not necessary to know the actual number of times the activity occurred, it is necessary to know whether or not the activity occurred three or more times within the last 7 days.

Because this section involves a two-part evaluation (Item G1A, ADL Self-Performance and Item G1B, ADL Support), each using its own scale, it is recommended that you complete the Self-Performance evaluation for all ADL Self-Performance activities before beginning the ADL Support evaluation.

To evaluate a resident's ADL Self-Performance, begin by reviewing the documentation in the clinical record. Talk with clinical staff from each shift to ascertain what the resident does for himself or herself in each ADL activity as well as the type and level of staff assistance being provided. As previously noted, be alert to differences in resident performance from shift to shift, and apply the ADL codes that capture these differences. For example, a resident may be independent in Toilet Use during daylight hours but receive non-weight bearing physical assistance every evening. In this case, the resident would be coded as a "2" (Limited Assistance) in Toilet Use.

The following chart provides general guidelines for recording accurate ADL Self-Performance and ADL Support assessments.

Guidelines for Assessing ADL Self-Performance and ADL Support

- The scales in Items G1A and G1B are used to record the resident's actual level of involvement in self-care and the type and amount of support actually received during the last seven days.
- Do not record your assessment of the resident's capacity for involvement in self-care - i.e., what you believe the resident might be able to do for himself or herself based on demonstrated skills or physical attributes. For nursing facilities, an assessment of potential capability is covered in Item G8 (ADL Functional Rehabilitation Potential).
- Do **NOT** record the type and level of assistance that the resident "should" be receiving according to the written plan of care. The type and level of assistance actually provided might be quite different from what is indicated in the plan. Record what is actually happening.
- Engage direct care staff, from all shifts, which have cared for the resident over the last seven days in discussions regarding the resident's ADL functional performance. Remind staff that the focus is on the last seven days only. To clarify your own understanding and observations about each ADL activity (bed mobility, locomotion, transfer, etc.), ask probing questions, beginning with the general and proceeding to the more specific.

Here is a typical conversation between the RN Assessment Coordinator and a nurse assistant regarding a resident's Bed Mobility assessment:

R.N. "Describe to me how Mrs. L positions herself in bed. By that I mean once she is in bed, how does she move from sitting up to lying down, lying down to sitting up, turning side to side, and positioning herself?"

N.A. "She can lay down and sit up by herself, but I help her turn on her side."

R.N. "She lays down and sits up without any verbal instructions or physical help?"

N.A. "No, I have to remind her to use her trapeze every time. But once I tell her how to do things, she can do it herself."

R.N. "How do you help her turn side to side?"

N.A. "She can help turn herself by grabbing onto her side rail. I tell her what to do. But she needs me to lift her bottom and guide her legs into a good position."

R.N. "Do you lift her by yourself or does someone help you?"

N.A. "I do it by myself."

R.N. "How many days during the last week did you give this type of help?"

N.A. "Every day."

Provided that ADL function in Bed Mobility was similar on all shifts, Mrs. L would receive an ADL Self-Performance Code of "3" (Extensive Assistance) and an ADL Support Provided Code of "2" (one person physical assist).

Now review the first two exchanges in the conversation between the RN Assessment Coordinator and nurse assistant. If the RN did not probe further, he or she would not have received enough information to make an accurate assessment of either the resident's skills or the nurse assistant's actual workload, or whether or not the current plan of care was being implemented.

Coding: For each ADL category, code the appropriate response for the resident's actual performance during the past seven days. Enter the code in column (A), labeled "SELF-PERF." Consider the resident's performance during all shifts, as functionality may vary. In the pages that follow two types of supplemental instructional material are presented to assist you in learning how to use this code: a schematic flow chart for scoring ADL Self Performance and a series of case examples for each ADL.

In your evaluations, you will also need to consider the type of assistance known as "set-up help" (e.g., comb, brush, toothbrush, toothpaste have been laid out at the bathroom sink by the nurse assistant). Set-up help is recorded under ADL Support Provided (Item G1B). But in evaluating the resident's ADL Self-Performance, include set-up help within the context of the "0" (Independent) code. For example: If a resident grooms independently once grooming items are set up for him, code "0" (Independent) in Personal Hygiene.

0. Independent - No help or staff oversight -OR- Staff help/oversight provided only one or two times during the last seven days.

1. Supervision - Oversight, encouragement, or cueing provided three or more times during last seven days -OR- Supervision (3 or more times) plus physical assistance provided, but only one or two times during last seven days.

2. Limited Assistance - Resident highly involved in activity, received physical help in guided maneuvering of limbs or other non weight-bearing assistance on three or more occasions -OR- limited assistance (3 or more times), plus more weight-bearing support provided, but for only one or two times during the last 7 days.

3. **Extensive Assistance** - While the resident performed part of activity over last seven days, help of following type(s) was provided three or more times:

   -- Weight-bearing support provided three or more times;
   -- Full staff performance of activity (3 or more times) during part (but not all) of last seven days.

4. **Total Dependence** - Full staff performance of the activity during entire seven-day period. There is complete non-participation by the resident in all aspects of the ADL definition task. If staff performed an activity for the resident during the entire observation period, but the resident performed part of the activity himself/herself, it would not be coded as a "4" (Total Dependence).

   Example: Eating is coded based on the resident's ability to eat and drink, regardless of skill, and includes intake of nourishment by other means (e.g., tube feeding, or total parenteral nutrition). For a resident to be coded as totally dependent in Eating, he or she would be fed all food and liquids at all meals and snacks (including tube feeding delivered totally by staff), and never initiate any subtask of eating (e.g., picking up finger foods, giving self tube feeding or assisting with procedure) at any meal.

8. **Activity Did Not Occur During the Entire 7-Day Period** - Over the last seven days, the ADL activity was not performed by the resident or staff. In other words, the particular activity did not occur at all.

   - If the resident is bed bound and does not walk, there was no locomotion via bed, wheelchair, or other means, then you would code both Self Performance and Staff Support as "8". However, if the bed is moved in order to provide locomotion on or off the unit, then you would code the items according to the definitions provided in Section G1.

   - A resident who was restricted to bed for the entire 7-day period and was never transferred from bed would be coded for both Self Performance and Staff Support as "8", since the activity (transfer) did not occur.

   - To code Item G1hA = 8, consider if in the past 7 days the resident truly did not receive any nourishment. It should go without saying that this is a serious issue. Be careful not to confuse total dependence in eating (coded "4") with the activity itself (receiving nourishment and fluids). Keep in mind that as a resident who receives nourishment via tube feeding and manages the tube feeding independently is coded as G1hA = 0 (Independent). In addition, the definition for G1h includes IV fluids. Therefore, code G1hA = 4 (Total Dependence) rather than "8" for a resident who is receiving IV fluids or TPN.

However, do not confuse a resident who is totally dependent in an ADL activity (code 4 - Total Dependence) with the activity itself not occurring. For example: Even a resident who receives tube feedings and no food or fluids by mouth is engaged in eating (receiving nourishment), and must be evaluated under the Eating category for his or her level of assistance in the process. A resident who is highly involved in giving himself a tube feeding is not totally dependent and should not be coded as "4".

Clarification:

- Each of these ADL Self-Performance codes is exclusive; there is no overlap between categories. Changing from one self-performance category to another demands an increase or decrease in the number of times that help is provided. Thus, to move from Independent to Supervision to Limited Assistance, non weight-bearing supervision or physical assistance must increase from one or two times up to three or more times during the last seven days.

  There will be times when no one type or level of assistance is provided to the resident 3 or more times during a 7-day period. However, the sum total of support of various types will be provided 3 or more times. In this case, code for the least dependent self-performance category where the resident received that level or more dependent support 3 or more times during the 7-day period.

Examples

The resident received supervision for walking in the corridor on two occasions and non weight-bearing assistance on two occasions. **Code "1" for Supervision in Walking in Corridor. Rationale:** Supervision is the least dependent category.

The resident received supervision in dressing on one occasion, non weight-bearing assistance (i.e., putting a hat on resident's head) on two occasions, and weight-bearing assistance (i.e., lifting resident's arm into a sleeve) on one occasion during the last 7 days. **Code "2" for Limited Assistance in Dressing. Rationale:** There were 3 episodes of physical assistance in the last 7 days: 2 non-weight-bearing episodes, and 1 weight-bearing episode. Limited Assistance is the correct code because it reflects the least dependent support category that encompasses 3 or more activities that were at least at that level of support.

Additional clarification and coding examples have been developed for this Manual update and are presented below. Further clarification of ADL coding policy is presented later in this chapter starting on Page 3-92. You may wish to review these clarifications before proceeding to Section G1(B), ADL Support Provided.

Self-Performance - INDEPENDENT

ADLs - SELF-PERFORMANCE	INDEPENDENT
Bed Mobility	Mrs. D can easily turn and position her in bed and is able to sit up and lie down without any staff assistance. She requires use of a single side rail that staff place in the up position when she is in bed. *Self Performance = 0 Support Provided = 1* *Coding rationale: Resident is independent in task.*
Transfer	When transferring to her chair, the resident is able to stand up from a seated position (without requiring any physical or verbal help) and walk over to her reclining chair. *Self Performance = 0 Support Provided = 0* *Coding rational: Resident is independent.*
Eating	After staff delivered a lunch tray to Mr. K, he is able to consume all food and fluids without any cueing or physical help from staff. *Self Performance = 0 Support Provided = 0* *Coding rational: Resident is independent.*
Toilet Use	Mrs. L was able to transfer herself to the toilet, adjust her clothing, and perform the necessary personal hygiene after using the toilet without any staff assistance. *Self Performance = 0 Support Provided = 0* *Coding rational: Resident is independent.*
Walk in Room	Mr. R is able to walk freely in his room (obtaining clothes from closet, turning on T.V.) without any cueing or physical assistance from staff. *Self Performance = 0 Support Provided = 0* *Coding rational: Resident is independent.*
Walk in Corridor	After receiving a new cane, Mr. X needed to be observed initially as he walked up and down the hall on his unit for the first time to insure that he appropriately used the cane. He does not require any additional staff assistance. *Self Performance = 0 Support Provided = 1* *Coding rational: Resident requires set up to complete task independently.*

Self-Performance – SUPERVISION

ADLs - SELF-PERFORMANCE	SUPERVISION
Bed Mobility	Resident favors laying on right side. Since she has had a history of skin breakdown, staff must verbally remind her to reposition. *Self Performance = 1 Support Provided = 0* *Coding rationale: Resident requires staff supervision, cuing and reminders for safe ambulation.*
Transfer	Staff must supervise the resident as she transfers from her bed to wheelchair. Staff must bring the chair next to the bed and then remind her to hold on to the chair and position her body slowly. *Self Performance = 1 Support Provided = 2* *Coding rationale: Resident requires staff supervision, cuing and reminders for safe ambulation.*
Eating	One staff member had to verbally cue resident to eat slowly, and drink throughout the meal. *Self Performance = 1 Support Provided = 0* *Coding rationale: Resident requires staff supervision, cuing and reminders for safe meal completion.*
Toilet Use	Staff member must remind resident to unzip pants and to wash his hands after using the toilet. *Self Performance = 1 Support Provided = 0* *Coding rationale: Resident requires staff supervision, cuing and reminders.*
Walk in Room	Resident is able to walk in room, but staff member is available to cue and stand by during ambulation since the resident has had a history of unsteady gait. *Self Performance = 1 Support Provided = 0* *Coding rationale: Resident requires staff supervision, cuing and reminders.*
Walk in Corridor	Staff member must provide continual verbal cueing while resident is walking down hallway to insure that the resident walks slowly and safely. *Self Performance = 1 Support Provided = 0* *Coding rationale: Resident requires staff supervision, cuing and reminders.*

Self Performance - Limited Assistance

ADLs - SELF-PERFORMANCE	LIMITED ASSISTANCE
Bed Mobility	Resident favors laying on right side. Since she has had a history of skin breakdown, staff must sometimes help the resident place her hands on the side rail and encourage her to change her position when in bed. *Self Performance = 2 Support Provided = 2* *Coding rationale: Resident requires cuing and encouragement with set up or minor physical help.*
Transfer	Mrs. H is able to transfer from the bed to chair when she uses her walker. Staff places the walker near her bed and then help to steady the resident as she transfers. *Self Performance = 2 Support Provided = 2* *Coding rationale: Resident requires staff to set up her walker and provide help when she is ready to transfer.*
Eating	Mr. V is able to feed himself. Staff must set up the tray, cut the meat, open containers and hand him the utensils. Mr. V requires more help during dinner, as he is tired and less interested in completing his meals. Staff must encourage him to continue to eat and frequently hand him his utensils and cups to complete the meal in order to insure adequate intake. *Self Performance = 2 Support Provided = 2* *Coding rationale: Resident is highly involved in the activity but is unable to complete the meal without continual staff help.*
Toilet Use	Staff must assist Mr. P to zip pants, hand him a washcloth and remind him to wash his hands after using the toilet. *Self Performance = 2 Support Provided = 2* *Coding rationale: Resident requires staff to perform non-weight bearing activities to complete the task.*
Walk in Room	Mr. K is able to walk in his room, but requires that a staff member place her arm around his waist when taking him to the bathroom due to his unsteady gait. *Self Performance = 2 Support Provided = 2* *Coding rationale: Resident requires staff supervision, cuing and reminders for safe ambulation.*
Walk in Corridor	Mrs. Q requires continual verbal cueing and help with hand placement when walking down the unit hallway. Mrs. Q needs frequent reminders how to use her walker, where to place her hands and to pick up feet. She frequently needs physically guide to the day room. *Self Performance = 2 Support Provided = 2* *Coding rationale: Resident requires staff supervision, cuing and reminders for safe ambulation.*

Self-Performance – EXTENSIVE ASSISTANCE

ADLs - SELF-PERFORMANCE	EXTENSIVE ASSISTANCE
Bed Mobility	Mr. Q has slid to the foot of the bed. Two staff members must physically lift and reposition him toward the head of the bed. Mr. Q was able to assist by bending his knees and push with legs when reminded by staff. *Self Performance = 3 Support Provided = 3* *Coding rationale: Resident partially participates in the task. 2 staff members are required.*
Transfer	Resident always had a difficult time standing from her chair. One staff member had to partially physically lift and support the resident as she stands up. *Self Performance = 3 Support Provided = 2* *Coding rationale: Resident partially participates in the task. 1 staff member is required.*
Eating	Mr. F begins eating a meal by himself. After he has only eaten the bread, he states he is tired and is unable to complete the meal. One staff member physically supports his hand and provides verbal cues to swallow the food in his mouth. The resident is able to complete the meal. *Self Performance = 3 Support Provided = 2* *Coding rationale: Resident partially participates in the task. 1 staff member is required.*
Toilet Use	Mrs. M has had recent bouts of vertigo. One staff member must assist and support her as she transfers to the bedside commode. *Self Performance = 3 Support Provided = 2* *Coding rationale: Resident partially participates in the task. 1 staff member is required.*
Walk in Room	Mr. A has a bone spur on his heel and has difficulty ambulating in his room. He requires staff to support him help him select clothing from his closet. *Self Performance = 3 Support Provided = 2* *Coding rationale: Resident partially participates in the task. 1 staff member is required.*
Walk in Corridor	A resident had back surgery two months ago. Two staff members must physically support the resident as he is walking down the hallway due to his unsteady gait and balance problem. *Self Performance = 3 Support Provided = 3* *Coding rationale: Resident partially participates in the task. 2 staff members are required to help him walk.*

Self-Performance - Total Dependence

ADLs - SELF-PERFORMANCE	TOTAL DEPENDENCE
Bed Mobility	Mrs. S is unable to physically turn, sit up or lay down in bed. Two staff members must physically turn her q 2 hours. She must be physically supported to a seated position in bed when reading. *Self Performance = 4 Support Provided =3* *Coding rationale: Resident did not participate and required 2 staff to position her in bed.*
Transfer	Mr. T is in a physically debilitated state due to surgery. Two staff members must physically lift and transfer resident him to a reclining chair daily for. Mr. T. is unable to assist or participate in any way. *Self Performance = 4 Support Provided =3* *Coding rationale: Resident did not participate and required 2 staff to transfer him out of his bed.*
Eating	Mrs. U is severely cognitively impaired. She is unable to consume any of her meals or liquids served to her. One staff member is responsible to feed her all food and fluids. *Self Performance = 4 Support Provided =2* *Coding rationale: Resident did not participate and required 1 staff person to feed her all of her meal.* Mr. B recently had a stroke. He is currently receiving 100% of his nutrition via a G-tube due to dysphagia. He does not assist in any part of the tube feed process. *Self Performance = 4 Support Provided =2* *Coding rationale: Resident did not participate and required 1 staff person to provide total nutritional support.*
Toilet Use	Miss W is cognitively and physically impaired resident, she is on strict bed rest. Staff is unable to physically transfer resident to toilet at this time. Miss W is incontinent of both bowel & bladder. One staff member must provide all care for her elimination and personal hygiene needs every 2 hours. *Self Performance = 4 Support Provided =2* *Coding rationale: Resident did not participate and required 1 staff person to provide total care for toileting and personal hygiene.*

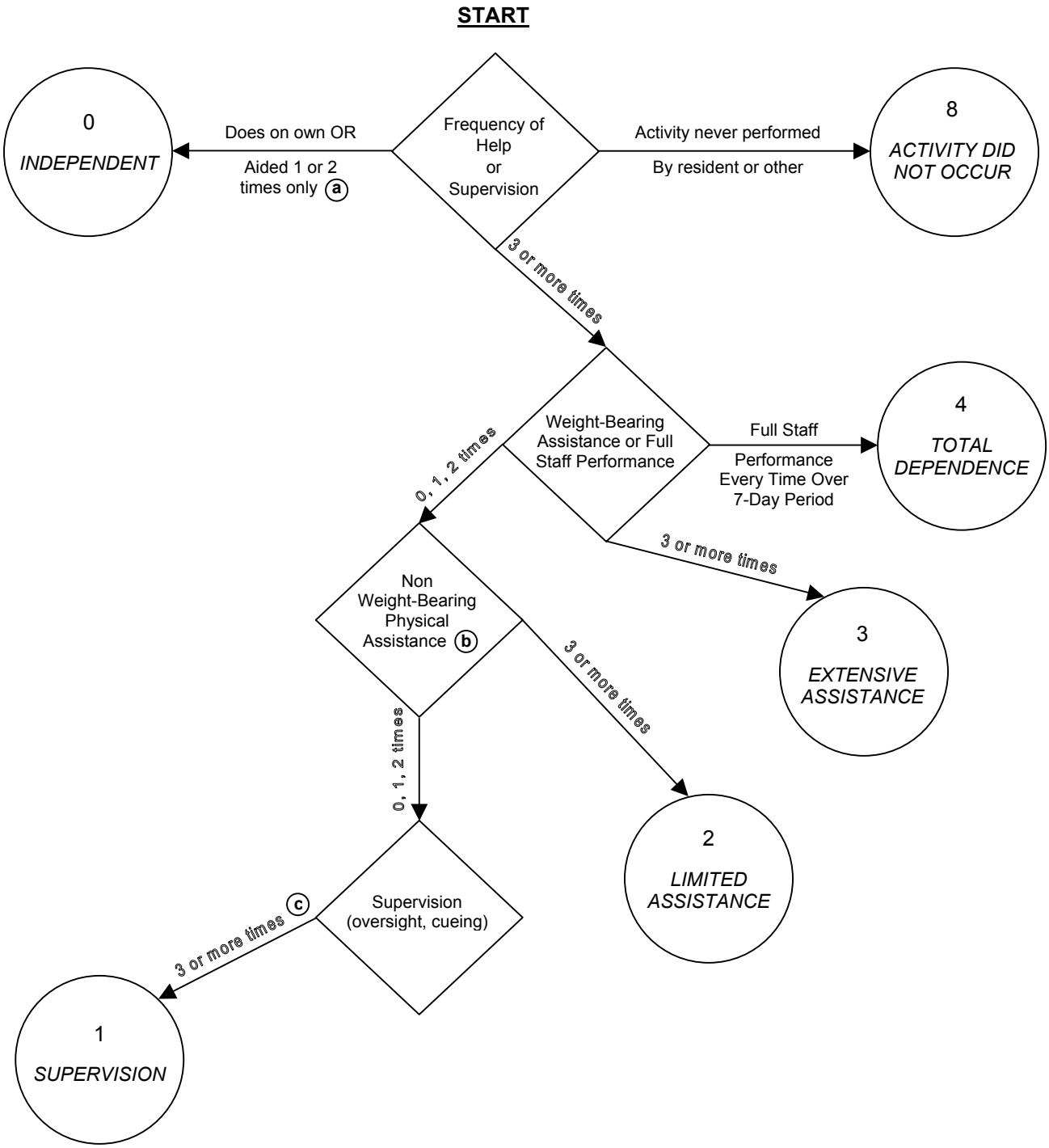
Examples – ADL ACTIVITY DID NOT OCCUR

ADLs - SELF-PERFORMANCE	8/8 - ADL ACTIVITY DID NOT OCCUR
Transfer	Mrs. D is post-operative for extensive surgical procedures. Due to her ventilator dependent status in addition to multiple surgical sites, her physician has determined that she must remain on total bed rest and not moved from the bed. *Self Performance = 8 Support Provided = 8* *Coding rationale: Activity did not occur.*
Walk in Room	Mr. J is attending physical therapy for transfer and gait training. He does not ambulate on the unit or in his room at this time. He calls for assistance and utilizes a commode next to his bed. *Self Performance = 8 Support Provided = 8* *Coding rational: Activity did not occur.*
Walking in Corridor	Mr. V is requires two therapy staff and parallel bars to ambulate learn how to ambulate. He currently attends physical therapy 6 days a week. He uses a wheelchair on the nursing unit. *Self Performance = 8 Support Provided = 8* *Coding rational: Activity did not occur.*
Locomotion on Unit	Mrs. L is remaining on complete bed rest. She remains in her room or is transferred to a chair for 1 hour per day. *Self Performance = 8 Support Provided = 8* *Coding rational: Activity did not occur.*
Locomotion off Unit	Mr. R does not like to go off his nursing unit. He prefers to stay in his room or the day room on his unit. He has visitors on a regular basis and they visit with him in the dayroom. *Self Performance = 8 Support Provided = 8* *Coding rational: Activity did not occur.*

Examples - WHEN NOT TO CODE 8/8-ACTIVITY DID NOT OCCUR

ADLs - SELF-PERFORMANCE	WHEN NOT TO CODE 8/8 – ADL ACTIVITY DID NOT OCCUR
Bed Mobility	Mrs. P is unable to physically turn, sit up or lay down in bed for the past week. Two staff members must physically turn her q 2hrs. She must be physically supported to a seated position in bed. *Self Performance = 4 Support Provided =3* *Coding rationale: Although the resident did not move herself, staff performed the activity for her. Self –performance code for the resident is total/did not participate; required 2 staff to position her in bed.*
Eating	Mrs. D is fed by feeding tube. No food or fluids are consumed thru her mouth. *Self Performance = 4 Support Provided =2* *Coding rationale: Resident does not participate in eating and receives nutrition and hydration thru a tube.*
Toileting	Mr. J has a catheter for urine. Adult briefs are utilized, checked, and changed every 3 hours. *Self Performance = 4 Support Provided =2* *Coding rational: Resident requires total care and staff support in toileting.*
Dressing	Mrs. C does not feel well and chooses to stay in her room. She requests to stay in nightclothes and rest in bed for the entire day. After washing up, she changes nightclothes with limited assistance from the CNA. *Self Performance = 2 Support Provided =2* *Coding Rationale: Resident was highly involved in the activity and changed clothing.*

SCORING ADL SELF PERFORMANCE



a. Can include one or two events where received supervision, non weight-bearing assistance, or weight-bearing assistance.

b. Can include one or two episodes of weight-bearing assistance, e.g., two events with non weight-bearing assistance plus two of weight-bearing assistance would be coded as a "2".

c. Can include one or two episodes where physical help received, e.g., two episodes of supervision, one of weight-bearing assistance and one of non weight-bearing assistance would be coded as a "1".

G1. (B) ADL Support Provided

Intent: To record the type and highest level of support the resident received in each ADL activity over the last seven days.

Definition: **ADL Support Provided:** Measures the highest level of support provided by staff over the last seven days, even if that level of support only occurred once. This is a different scale, and is entirely separate from the ADL Self-Performance assessment.

Set-Up Help: The type of help characterized by providing the resident with articles, devices or preparation necessary for greater resident self-performance in an activity. This can include giving or holding out an item that the resident takes from the caregiver.

Examples of Setup Help

- **For bed mobility** - handing the resident the bar on a trapeze, staff applies ½ rails and then provides no further help.
- **For transfer** - giving the resident a transfer board or locking the wheels on a wheelchair for safe transfer.
- **For locomotion:**

  Walking - handing the resident a walker or cane.

  Wheeling - unlocking the brakes on the wheelchair or adjusting foot pedals to facilitate foot motion while wheeling.
- **For dressing** - retrieving clothes from closet and laying out on the resident's bed; handing the resident a shirt.
- **For eating** - cutting meat and opening containers at meals; giving one food category at a time.
- **For toilet use** - handing the resident a bedpan or placing articles necessary for changing ostomy appliance within reach.
- **For personal hygiene** - providing a washbasin and grooming articles.
- **For bathing** - placing bathing articles at tub side within the resident's reach; handing the resident a towel upon completion of bath.

Process: For each ADL category, code the maximum amount of support the resident received over the last seven days irrespective of frequency, and enter in the "SUPPORT" column. Be sure your evaluation considers all nursing shifts, 24 hours per day, including weekends. Code independently of the resident's Self-Performance evaluation. For example, a resident could have been Independent in ADL Self-Performance in Transfer but received a one-person physical assist one or two times during the seven-day period. Therefore, the ADL Self-Performance Coding for Transfer would be "0" (Independent), and the ADL Support coding "2" (One person physical assist).

Coding: Note: The highest code of physical assistance in this category (other than the "8" code) is a code of "**3**", not "4" as in Self-Performance.

0. No Setup or Physical Help from Staff

1. Setup Help Only - The resident is provided with materials or devices necessary to perform the activity of daily living independently.

2. One Person Physical Assist

3. Two+ Persons Physical Assist

8. ADL Activity Itself Did Not Occur During the Entire 7 Days - When an "8" code is entered for an ADL Support Provided category, enter an "8" code for ADL Self-Performance in the same category.

For example, if a resident never left the unit during the assessment period, code "8" for locomotion off unit. The activity did not occur, there was no help provided.

Clarifications:

- General supervision of a dining room is not the same as individual supervision of a resident. If the resident ate independently, then MDS Item G1h is coded as "0" (Independent). If the individual resident needed oversight, encouragement, or cueing during the last 7 days, the item is coded as a "1" (Supervision). For a resident who has received oversight, encouragement, or cueing and also received more help, such as physical assistance provided one or two times during the 7-Day assessment period, the resident would still be coded as a "1" (Supervision). Residents who are in "feeding" or "eating" groups and who are individually supervised during the meal would be coded as "1" (Supervision) for Self Performance in Eating.

- The key to the differentiation between guided maneuvering and weight-bearing assistance is determining *who* is supporting the weight of the resident's hand. If the staff member supports some of the weight of the resident's hand while helping the resident to eat (e.g., lifting a spoon or a cup to mouth), this is "weight-bearing" assistance for this activity. If the resident

can lift the utensil or cup, but staff assistance is needed to guide the resident's hand to his/her mouth, this is guided maneuvering.

- If therapists are involved with the resident, their input should be included either by way of an interview or by the assessor reviewing the therapy documentation. The resident may perform differently in therapy than on the unit. Also focus on occurrences of exceptions in the resident's performance. When discussing a resident's ADL performance with a therapist, make sure the therapist's information can be expressed in MDS terminology.

CLARIFICATIONS USING THE CODE "8" (ACTIVITY DID NOT OCCUR):

- If the resident is bed bound and does not walk and there was no locomotion via bed, wheelchair or other means, then you would code an "8" for transfer and locomotion. However, if the bed is moved in order to provide locomotion on or off the unit, then you would code according to the definitions provided in Section G., 1A and B.

- For example, use code 8 when the resident did not walk in the past seven days, (in room/in corridor), for both the self-performance and the support columns.

- A resident who has not been out of bed in the past seven days could be coded 8 for (A) and (B) in MDS Sections G1b-f, unless the bed was moved (locomotion on/off unit). Other ADLs are considered individually.

- The eating item for G1h is a little more complex. If in the past seven days the resident truly did not receive any nourishment, the item would be coded 8. It should go without saying that this is a serious issue. Be careful not to confuse total dependence with eating (code 4) with the activity itself (in this case, receiving nourishment and fluids). Keep in mind that a resident who is fed via tube, and manages the tube feeding independently is coded as independent (code 0). G1h includes receiving IV fluids. For a resident who is receiving fluids for hydration, and is totally dependent, this is coded as 4, rather than 8.

- Toilet use focuses on whether or not elimination occurs, rather than the process. The elimination may be in the toilet room, commode, in the bedroom on a bedpan or urinal. It includes transferring on/off the toilet, cleansing, changing pads, managing an ostomy or catheter and clothing adjustment. The "8" code is rarely used in this section, as it would indicate that elimination did not occur.

The examples that follow clarify coding for both Self-Performance and Support. The answers appear to the right of the resident descriptions. Cover the answers, read and score the example, then compare your answers with those provided. For the purpose of this exercise, the clinician should assume that the resident has performed at the same level for the last 7 days.

Examples: ADL Self-Performance and Support	Self-Perf.	Support
Bed Mobility		
Resident was physically able to reposition self in bed but had a tendency to favor and remain on his left side. He received frequent reminders and monitoring to reposition self while in bed.	1	0
Resident received supervision and verbal cueing for using a trapeze for all bed mobility. On two occasions when arms were fatigued, he received heavier physical assistance of two persons.	1	3
Resident usually repositioned himself in bed. However, because he sleeps with the head of the bed raised 30 degrees, he occasionally slides down towards the foot of the bed. On 3 occasions the night nurse assistant helped him to reposition by providing weight-bearing support as he bent his knees and pushed up off the footboard.	3	2
To turn over, the resident always began by reaching for a side rail for support. He received physical assistance of one person to guide his legs into position and complete the turn by guiding him with a turn sheet (using weight-bearing assistance).	3	2
Resident independently turned on his left side whenever he wanted. Because of left-sided weakness he received physical weight bearing help of 1-2 persons to turn to his right side or sit up in bed.	3	3
Because of severe, painful joint deformities, resident was totally dependent on two persons for all bed mobility. Although unable to contribute physically to positioning process, she was able to cue staff for the position she wanted to assume and at what point she felt comfortable.	4	3

Examples: ADL Self-Performance and Support	Self-Perf.	Support
Transfer		
Despite bilateral above-the-knee amputations, resident almost always moved independently from bed to wheelchair (and back to bed) using a transfer board he retrieves independently from his bedside table. On one occasion in the past week, staff had to remind resident to retrieve the transfer board. On one other occasion, the resident was lifted, by a staff member, from the wheelchair back into the bed.	0	2
Resident was physically independent for all transfers. However, he would not get up in the morning until the nurse assistant rearranged his bed covers and released the half side rail on his bed.	0	1
Once someone correctly positioned the wheelchair in place and locked the wheels, the resident transferred independently to and from the bed.	0	1
Resident moved independently in and out of armchairs but always received light physical guidance of one person to get in and out of bed safely.	2	2
Transferring ability varied throughout each day. Resident received no assistance at some times and heavy weight-bearing assistance of one person at other times.	3	2

Examples: ADL Self-Performance and Support	Self-Perf.	Support
Walk in room		
Resident walked in his/her room while holding on to furniture for support.	0	0
Resident walked independently during the day and received non-weight bearing physical help of 1 person for getting to the bathroom in room at night.	2	2
Resident received non-weight bearing physical assistance of one person for all walking in own room.	2	2
Resident did not walk but wheeled self independently in own room.	8	8
Walk in corridor		
A timid, fearful resident is usually physically independent in walking. During the last week she was very anxious and fearful of falling, and therefore received reassurance and encouragement from someone walking next to her while walking back to her room from meals in the unit dining room.	1	0
A resident with memory loss ambulated independently on the unit corridor albeit with a walker. Several times a day she left her walker in the bathroom, in the dining room, etc., necessitating that someone return it to her and offer her reminders to use it for safety.	1	1
Resident walked in corridor on unit by supporting self on one side with the handrail along the wall and receiving verbal cues from another person.	1	0
Resident walked twice daily 4-6 feet in the corridor outside his room. He received weight-bearing assistance of 1 person for each walk.	3	2
Resident walked in room for short distances with extensive assistance of 2 persons but traveled independently in corridor on unit by wheelchair.	8	8

Examples: ADL Self-Performance and Support	Self-Perf.	Support
Locomotion on unit		
Resident ambulated slowly on unit pushing a wheelchair for support, stopping to rest every 15 - 20 feet. She has good safety awareness and has never fallen. Staff felt she was reliable enough to be on her own.	0	0
A resident with a history of falling and an unsteady gait always received physical guidance (non-weight-bearing) of one person for all ambulation. Two nights last week the resident was found in his bathroom after getting out of bed and walking independently.	2	2
Resident ambulated independently around the unit "ad lib," socializing with others and attending activities during the day. Loves dancing and yoga. Because she can become afraid at night, she received contact guard of one person to walk her to the bathroom at least twice every night.	2	2
During last week resident was learning to walk short distances with new leg prosthesis with heavy partial weight-bearing assistance of two persons. He refuses to ride in a wheelchair.	3	3
Locomotion off unit		
Resident independently walked with a cane to all meals in the Main Dining Room (off the unit) and social and recreational activities in the nearby hobby shop. Received no set-up or physical help during the assessment period.	0	0
Resident walked independently to the off unit dining room for all meals. For one visit to a clinic held at the opposite end of the building, she was given a ride in a wheelchair by a volunteer. She was wheeled to the clinic and after her session, she was wheeled back to her unit.	0	2
Resident is independent in walking about her residential unit. She does get lost and has difficulty finding her room but enjoys stopping to chat with others. Because she would get lost, she was always accompanied by a staff member for her daily walks around the facility.	1	0
Resident did not leave the residential unit during the 7-Day assessment period.	8	8

Examples: ADL Self-Performance and Support	Self-Perf.	Support
Dressing		
Resident usually dressed self. After a seizure, she received total help from several staff members once during the week.	0	3
Resident is totally independent in dressing herself except for donning and removing TED stockings. Nurse assistant applied the TED stockings each AM and removed them at bedtime.	3	2
Nurse assistant provided physical weight-bearing help with dressing every morning. Later each day, as resident felt better (joints were more flexible), she required staff assistance only to undo buttons and guide her arms in/out of sleeves every pm.	3	2
A 325 lb. resident received total care by two persons in dressing. He did not participate by putting arms through sleeves, lifting legs into shoes, etc.	4	3
Eating		
Resident arose daily after 9:00 am, preferring to skip breakfast and just munch on fresh fruit later in the morning. She ate lunch and dinner independently in the facility's main dining room.	0	0
Resident on long standing tube feedings via gastrostomy tube was completely independent in self-administration including self-medication via the tube once set up by staff.	0	1
Resident with a history of dysphagia and choking, ate independently as long as a staff member sat with him during every meal (stand-by assistance if necessary).	1	0
Resident is blind and confused. He ate independently once staff oriented him to types and whereabouts of food on his tray and instructed him to eat.	1	1
Cognitively impaired resident ate independently when given one food item at a time and monitored to assure adequate intake of each item.	1	1
Resident fed self solid foods independently at all meals and snacks. Self-administered all fluids and medications via G-tube with supervision once set up appropriately.	1	1
Resident, with difficulty initiating activity, always ate independently after someone gently lifted and directed her hand with the first few bites and then offered encouragement to continue.	3	2

Examples: ADL Self-Performance and Support	Self-Perf.	Support
Eating (continued)		
Resident with fine motor tremors fed self finger foods (e.g., sandwiches, raw vegetables and fruit slices, crackers) but always received supervision and total physical assistance with liquids and foods requiring utensils.	3	2
Resident fed self with staff monitoring at breakfast and lunch but tired later in day. She was fed totally by nursing assistant at supper meal.	3	2
Resident who was being weaned from gastrostomy tube feedings continued to receive total care for twice daily tube feedings. Additionally, she ate small amounts of food by mouth with staff supervision.	3	2
Resident received tube feedings via a jejunostomy for all nutritional intake. Feedings were given by a nurse.	4	2
Toileting Use		
Resident used bathroom independently once up in a wheelchair; used bedpan independently at night after it was set up on bedside table.	0	1
In the toilet room resident is independent. As a safety measure, the nurse assistant stays just outside the door, checking with her periodically.	1	0
Resident uses the toilet independently but occasionally required minor physical assistance for hygiene and straightening clothes afterwards. She received such help twice during the last week.	0	2
When awake, resident was toileted every two hours with minor assistance of one person for all toileting activities (e.g., contact guard for transfers to/from toilet, drying hands, zipping/buttoning pants). She required total care of one person several times each night after incontinence episodes.	3	2
Resident received heavy assistance of two persons to transfer on/off toilet. He was able to bear weight partially, and required only standby assistance with hygiene (e.g., being handed toilet tissue or incontinence pads).	3	3
Obese, severely physically and cognitively impaired resident receives a mechanical lift for all transfers to and from her bed. It is impossible to toilet her and she is incontinent. Complete personal hygiene is provided at least every 2 hours by 2 persons.	4	3